

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Steven S. Davis
SERIAL NO.: 10/052,159
FILING DATE: 1/16/2002
TITLE: WEAR RESISTANT INSERTS FOR
FILTER PRESS PLATES
ART UNIT: 1723
EXAMINER:
DOCKET NO.: 1512.EPSI.NP



CERTIFICATE OF MAILING
UNDER 37 C.F.R. § 1.8

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Julie K. Morriss

1-30-03

Date of Deposit

INQUIRY AS TO STATUS OF PATENT APPLICATION

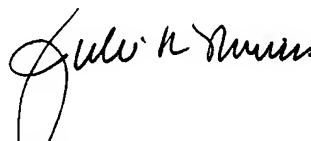
Commissioner for Patents
Washington, D.C. 20231

Sir:

Inquiry as to the status of the above-referenced patent application is hereby requested. No communication has been received since the receipt of the Filing Receipt on February 20, 2002. Please advise.

DATED this 30th day of January, 2003.

Respectfully submitted,



Julie K. Morriss
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<div style="text-align: center;"> <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> </div>		Application Number	10/052,159
		Filing Date	January 16, 2002
		First Named Inventor	Steven S. Davis
		Group Art Unit	1723
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket No.	1512.EPSI.NP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ __ <input type="checkbox"/> Credit card authorization in the amount of \$ __ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings __ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input checked="" type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
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Signature	<i>Julie K Morriss</i>	Date	1-30-03
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Typed or Printed Name		Julie K. Morriss	
Signature	<i>Julie K Morriss</i>	Date	1-30-03